

Disability Benefits Questionnaires (DBQs) Service Gateway
Work Effort Unique Identifying #20111209
Business Requirements Document



March 2012

Revision History

NOTE: *The revision history cycle begins once changes or enhancements are requested after the initial Business Requirements Document has been completed.*

Date	Description	Author
3/9/2012	Ready for Signature	D. Handley; L. Hardeen
	Measurement and name clarification	N. Fagan, VHA DMA
3/22/12	Approved version	Gerry Lowe, VLER Initiative IT Director Office of Information and Technology (3/22/12)
3/28/12		<p>Dr. Gerald Cross, Chief Officer, VHA DMA (3/23/12)</p> <p>Thomas J. Murphy, Director, VBA Compensation Service (3/28/12)</p> <p>David R. McLenachen, Director, VBA Pension and Fiduciary Service (3/28/12)</p> <p>Joe Paiva, Executive Director, VLER EPMO (3/28/12)</p> <p>Bernadette Pessagno, Registration, Eligibility and Enrollment (REE), Health Enterprise Systems Manager (3/26/12)</p>

Table of Contents

1. Purpose	1
2. Overview	1
3. Customer and Primary Stakeholders	3
4. Scope	6
5. Goals, Objectives and Outcome Measures	6
6. Enterprise Need/Justification	7
7. Requirements	8
7.1. Business Needs/Owner Requirements	8
7.2. Additional Reporting Requirements	24
7.3. Non-Functional Requirements	24
7.3.1. Performance, Capacity, and Availability Requirements	26
7.4. Known Interfaces	28
7.5. Related Projects or Work Efforts	31
8. Other Considerations	32
8.1. Alternatives	32
8.2. Assumptions	32
8.3. Dependencies	32
8.4. Constraints	32
8.5. Business Risks and Mitigation	33
Appendix A. References	34
Appendix B. Models	35
Appendix C. Exams by VBA Diagnostic Codes for Rating Decisions	39
Appendix D. DBQ-Calculator Priority List for Automated Evaluations	40
Appendix E. Business Needs detailed by Functionality	41
Appendix F. Stakeholders, Primary/Secondary Users, and Workgroups	42
Stakeholders	42
Primary and Secondary Users	44
Appendix F. Enterprise Requirements	45
Appendix G. Acronyms and Abbreviations	47
Appendix H. Approval Signatures	50

Business Requirements Document

1. Purpose

The Business Requirements Document (BRD) is authored by the business community for the purpose of capturing and describing the business needs of the customer/business owner. The BRD provides insight into the AS IS and TO BE business area, identifying stakeholders and profiling primary and secondary user communities. It identifies what capabilities the stakeholders and the target users need and why these needs exist, providing a focused overview of the request requirements, constraints, and Information Technology (IT) options considered. This document does not state the development methodology. The intended audience for this document is the Office of Information and Technology (OIT).

2. Overview

The Virtual Lifetime Electronic Record (VLER) Enterprise Program Management Office (EPMO), in partnership with the Office of Disability and Medical Assessment (DMA) of the Veterans Health Administration (VHA), the Compensation Service of the Veterans Benefits Administration (VBA), and the Pension and Fiduciary (PF) Service of the VBA, requests the creation of a Disability Benefits Questionnaire (DBQ) Service Gateway to meet immediate, mid-term and long-term identified business needs for a more streamlined, efficient, paperless, and Veteran-centric disability compensation claims process.

The purpose of the DBQ Service Gateway is to improve the Department of Veterans Affairs (VA's) ability to perform timely and accurate claim adjudication so Veterans can receive the benefits and services they earned. VHA and VBA are working together to accelerate and streamline the disability claims adjudication process by enhancing its capability to collect the required medical evidence to adjudicate a claim. This includes expanding the pool of available clinicians to speed the collection of data from clinician to adjudicator.

Currently, VA lacks a clinical workflow system that universally assists healthcare professionals in providing quality, timely and complete medical evaluations while simultaneously generating that medical evidence directly from clinician to adjudicator. Providing real-time access to a system that guides VA and non-VA clinicians through a highly customizable clinical protocol, based on the Veterans/Servicemembers' (SM) claimed conditions, along with a way to automatically submit focused information to the adjudicator will not only streamline the disability claims process but permits VA to utilize resources efficiently. This centralized clinical workflow infrastructure provides controls for implementing more cost-effective workload management strategies and flexibility to support future changes based on VA's Schedule for Rating Disabilities.

Although the DBQ Service Gateway is intended to support the performance and management of all disability medical evaluations, it is also expected to assist in other disability medical evaluation-related processes, to include: requesting and scheduling examinations, assigning examiners, referring examiners and the referred work between VA and contractors including the contractor billing, and utilization of the Veterans Benefits Management System (VBMS). Additionally, private treating clinicians may use the service to submit DBQs, the new VA medical form. The DBQ Service Gateway will also support dynamic auto-population of medical data already of record.

Background

Decisions on VA benefit eligibility and entitlement are based on review of the evidence of record in its entirety. The Veteran's or SM's record may include medical evidence, lay evidence, and non-evidentiary information. If necessary to support a claim for VA disability benefits, a medical evaluation will be provided by VA, usually through compensation and pension clinics internal to VHA. VBA determines whether a medical evaluation is needed to support a disability benefits claim through review of the information and evidence of record. This evidence can be obtained from Department of Defense (DoD) Service Treatment Records (STR), VHA treatment records, records held by another Federal department or agency, or evidence submitted by the Claimant.

In FY 2011, the VHA healthcare system performed more than 1.5 million medical evaluations in support of disability benefit claims. VHA and/or VBA contracted examiners provided additional medical evaluations in FY 2011. At present, there is no centralized clinical workflow system in VA to capture and monitor the entire disability medical evaluation workload in detail. As such, both VBA and VHA can only provide estimates of workload and associated costs attributable to disability medical evaluations performed in support of disability benefits claims. The disability benefits medical evaluation process involves:

1. VBA requesting a medical evaluation, if necessary to decide the claim;
2. VHA triaging/referring/scheduling the medical evaluation;
3. VHA clinicians or outside contractors conducting the medical evaluation;
4. VHA or VBA contractor returning the medical evaluation documentation to VBA; and
5. Subsequent payment of the contractors

Currently, the Compensation and Pension Record Interchange (CAPRI) is the legacy application used to support some of the processes related to disability medical evaluations. CAPRI is the mechanism by which VBA requests medical evaluations to support disability benefit claims and the mechanism by which the completed evaluation report is provided to VBA. VHA clinicians generally use CAPRI; however, there are still many that do not use it and circumstances where CAPRI is not available for use. It is not available for outside clinicians or VA contractors. Parenthetically VHA stores its medical and treatment records in the Computerized Patient Record System (CPRS) and CAPRI provides a window for VBA to see VHA information.

In a major effort to capture structured output from disability benefits claims medical evaluations and to support a more streamlined claims adjudication process, VA developed the DBQ in an effort to standardize and focus medical information required for a rating determination. DBQs are intended to be immediately transferrable for use in a disability benefits rating decision tool by corresponding to VA's Schedule for Rating Disabilities, the regulatory guidance VA uses to provide percentage ratings for degrees of disability. DBQs serve the VA claim process in several ways:

1. VA clinicians examiners complete DBQs through CAPRI.
2. Contract clinician examiners complete DBQs through their own proprietary portals.
3. A Veteran or SM initiate claims with VBA by submitting a DBQ completed by their treating clinician (VA, DoD, or private) after download from the Internet.
4. VBA end users may themselves generate a DBQ through a review of treatment records already of evidence in the Veteran or SM claim file.

Problem

Initial implementation of DBQs has not fully realized VA's efforts to improve the CP process, reduce the backlog, and enhance Veteran/SM access to benefits and services. The current process is made up of manual and redundant steps using disparate systems that create barriers to information sharing and efficient communication between VHA, VBA, providers external to VA, and Veterans. The VHA staff required to use DBQs report that DBQs are difficult to use and significantly increase individual workload; thus prolonging the CP process and constraining VHA clinical resources. VBA staff report that completed DBQs contain extraneous information that is extremely time constraining to sort through, which only adds more time to the CP process. In addition, not all providers who are required to use DBQs have access to the VA systems through which they currently are available, meaning that DBQs are completed and submitted in a non-standardized manner.

Vision

Ultimately, the DBQ Service Gateway will improve the Compensation Pension and Fiduciary (CPF) process by promoting information sharing, reducing the time required to perform CPF evaluations, eliminating inadequate evaluations, empowering Veterans to actively participate in their claims, and facilitating the paperless claims process. In doing so, the DBQ Service Gateway will reduce the claims backlog and enhance Veteran access to services and benefits.

Highlights of the proposed solution include:

1. Providing a secure, integrated, centralized location where CPF evaluators (i.e., VHA, contract, DoD, and authorized private providers) and VBA end users can access and complete DBQs;
2. Improving the user experience of clinicians and raters by aligning DBQs with individual rating and clinical workflows; and
3. Providing computable data to facilitate a paperless claim process.

The fully realized DBQ Service Gateway will also include enhancements to the VHA and VBA business processes closely associated with the performance of disability evaluations and ratings. A successful long-term implementation of the DBQ Service Gateway capability would need to elaborate on these elements, which include scheduling of evaluations, forecasting, billing, invoicing, and payment, etc.

3. Customer and Primary Stakeholders

The primary business stakeholders for this request are Dr. Gerald Cross, Chief Officer of DMA for VHA; David McLenachen, Director of PF Service for VBA; and Thomas Murphy, Director of the Compensation Service for VBA.

Additional stakeholders include Joe Paiva, Executive Director of the VLER Major Initiative, Veterans Relationship Management (VRM) Major Initiative, and the Veterans Benefits Management System (VBMS) Major Initiative.

Review [Appendix C](#) for the complete list of primary and secondary stakeholders.

4. Scope

The DBQ Service Gateway capability is an enterprise-wide effort to improve the disability evaluation component of the CPF process. Through the integrated effort of VLER, VBMS, and VRM Major Initiatives, in partnership with the DMA customers, this project will create a DBQ Service Gateway. This enterprise solution will establish a single gateway to electronically facilitate and manage:

1. Centralized access to VA's disability evaluation process, increasing Veterans' options when offering evidence about their claims to VA;
2. Computability in the collection, reporting, and retrieval of relevant medical information captured during a CP examination to facilitate the paperless adjudication of claims; and
3. Usability of the tools utilized to capture the information needed to decide Veteran compensation claims, making the CP examination more accurate, effective, and efficient.

This initiative does not intend to replace all functionality of the CAPRI. Only the functionality related to requesting, completing, releasing, retrieval, cancelling, printing, reporting or updating status of the medical evaluation is represented by this initiative and over the long term.

Additionally, due to funding constraints at this time, those Needs deemed Immediate are needed to alleviate short-term identified issues related to the access, usability and computability of the DBQs; they should be addressed first within any development cycle; other needs/requirements identified are of high-value and necessity to an overall DBQ System and should be considered when funding and resources allow.

5. Goals, Objectives and Outcome Measures

Objective	Desired Outcome	Measurement	Impact
Goal 1: Greater access to VA's disability examination process, expanding capacity of medical personnel to input reliable and relevant medical evaluation and improving the way the medical evaluation is collected.			
Create single gateway to submit, capture, request and share CPF data.	Reduce redundant processes	<ul style="list-style-type: none"> • 10% reduction in exams requested (due to duplicate documentation - ie, measure how many exams requested that already had a private clinician DBQ completed) • 90% increase in DBQs submitted electronically 	Allows VA to concentrate on one system to collect medical data for benefits; Reduced administrative overhead.
Globally control access and protocols/ content used in the exam and assessment process.	Manage clinician specialty requirements, the input of medical data, and the associated resources required	<ul style="list-style-type: none"> • 20% increase in examiners capable of completing DBQs using new standardized protocols • 20% decrease in days delayed to change/update DBQ content (templates) 	Improved change management for edition & timing of template synchronized for law changes & systems internal to VA
Provide role-based access for raters, and clinicians (VHA, contracted, and private)	Provide access to an expanded base of users	30% decrease in examinations ordered (i.e., where RO requests targeted medical information and/or medical opinion- when examination is not needed)	Reduction in cost of exams (fewer encounters), better management of resources to perform exams.
Goal 2: Computability in the collection and reporting of medical information captured during a CP examination to facilitate paperless claims adjudication			
Develop point-of-service	Better enable paperless	40% increase in claims	Reduced time in decision for

Objective	Desired Outcome	Measurement	Impact
data gathering	claims through data sharing between the DBQ Service Gateway and related interfaces	auto-populated with DBQ data 98% rating accuracy	benefits for Veterans/SM (<125 days).
Pre-populate rating data fields	Enable automated rating decision	20% decrease backlog (once automated rating capability exists)	Allows integration with "to be" claims transformation
Provide capability to report and forecast on the claims process	Computable data can be used for monitoring and performance measurement	20% increase in number of operational management reports able to be created	Ability to analyze process for system inefficiencies and quickly act to make improvements
Goal 3: Usable tools for clinicians to accurately and effectively capture medical information required by VBA to decide Veteran compensation claims			
Create workflow logic to mirror standard clinical practice through use of a protocol engine based on exam/opinion/assessment at hand	Provides efficiencies in clinicians' performance of exam. allows user friendly input with discreet output of data	<ul style="list-style-type: none"> 75% -90% clinicians reporting high satisfaction with the tool (requires a survey to measure) 	Faster claims processing times
Reduce the complexity of the data entry for examinations/opinions/assessments	Simplify data gathering so clinician can focus on the exam/Veteran, SM and not complex rating rules.	<ul style="list-style-type: none"> 20% decrease in errors on completed current DBQs 	Decrease in inadequate disability exams; cost reduction in resolution management
Ensure standardized, rules-based data fields in the exam template using any available medical evaluation of record.	Avoids duplication of input of information. eliminates data entry errors by using original source of information. and gains efficiencies for clinicians in reviewing, conducting and documenting examinations.	<ul style="list-style-type: none"> 10% increase in # of DBQs completed per Full Time Equivalent (FTE)/Month 	Reduce the time it takes for the decision to provide a Veteran benefits (<125 days)

6. Enterprise Need/Justification

This request leverages DBQs, the VA's VAI2 Innovation Initiative winner in 2009. This flagship program was designed to tap the talent and expertise of individuals from both inside and outside of government to contribute ideas that ultimately produce new, innovative solutions that advance VA's ability to meet the challenges of becoming a 21st century organization.

This request supports VA's strategic plan, including Strategic Goal 1: "Restore the capability of Veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families." To achieve this goal, VA has set out specific program objectives in its strategic plan. The objective most relevant to the disability compensation program is Objective 1.2: "Provide timely and accurate decisions on disability compensation claims to improve the economic status and quality of life of service-disabled Veterans."

This request also aligns to VA's Agency Priority Goals to: 1. Eliminate Disability Claims in Backlog, 2. Increase Access to Services and Benefits, and 3. Help End Veteran Homelessness by providing timely resources to those who need them most.

As a key component of VBA's Transformation Initiative, automating DBQs will provide the capability for eliminating the backlog of Veterans claims by enabling paperless adjudication of CP claims. In doing so, it will standardize claims processing for Veterans, help improve decision quality,

and ultimately make computable data available for input into claims adjudication, decision making, monitoring and reporting.

7. Requirements

7.1. Business Needs/Owner Requirements

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
*All listed requirements are needed by the business community. The Priority is merely a mechanism to suggest a sense of urgency and order to the technical community if the requirements are to be parsed into phases. The order of importance begins with those that are designated as 1.				
NEED1555	BN1: Adhere to the Enterprise Level requirements within the Enterprise Requirements Management (ERM) Repository and as specifically addressed in <u>Appendix D</u> of this document.			
	BN2: <u>Supported</u> agencies shall have the ability to electronically submit requests for medical evaluation to the DBQ Service Gateway.			2
		2.1	VBA shall have the ability to electronically submit a request for medical evaluation to the DBQ Service Gateway.	2
		2.2	DoD shall have the ability to electronically send a request for medical evaluation to the DBQ Service Gateway.	2
		2.3	Provide the ability to add additional agencies to the DBQ Service Gateway.	2
		BN3: VBA End Users shall have the ability to electronically create a request for medical evaluation from within VBA workflow/processes.		
		3.1	Provide the ability for VBA staff to create a system-assisted request for medical evaluations from within VBA's workflow/processes.	2
		3.2	Provide the ability for VBA staff to create a system-assisted <i>request</i> for a pinpoint medical evaluation (i.e., to satisfy just a section of the DBQ vs. an entire DBQ)	2
		3.3	Provide the ability for VBA Staff to obtain a system-assisted <i>assignment</i> of examining facility together with the Claimant's location and contentions:	2
		3.3.1	Provide the ability to override an exam location assignment.	2

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		3.4	Provide the ability for VBA Staff to obtain a system-assisted assignment of the exam/ assessment/opinion type together with Claimants contentions matched to body system and DBQ name.	2
		3.5	Provide the ability to obtain a system-assisted <i>Claimant</i> category (e.g., IDES, POW) assignment for the overall request.	2
		3.6	Provide the ability to obtain a system-assisted <i>claim</i> category (e.g., original, increase) assignment for each respective exam/opinion/ assessment of the request.	2
		3.7	Provide the ability to associate comments with each respective type of exam/ assessment/opinion included in the request (i.e., align to specific exam helpful when only part of request is outsourced).	2
		3.8	Provide the ability to associate an optional comment for <i>the overall request</i> .	2
		3.9	Provide the ability to associate a claim-file-review indicator for each respective exam/assessment/ opinion of the request.	2
		3.10	Provide the ability to modify the request (e.g., cancel or add an exam/assessment/opinion of the request).	2
		3.11	Provide the ability to return the request for medical assessment to the examining facility due to incompleteness or insufficiency.	2
		3.12	Provide the ability to indicate insufficient or incomplete areas of the medical evaluation	2
		3.13	Provide the ability to retain the request for medical assessment for the life of the claim (i.e., until claim is closed regardless of any change to the request).	2
	BN4: CP Clinic users shall have the ability to obtain triage services (i.e., review and prioritization setting) on requests for medical evaluation.			3

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		4.1	Provide the ability to obtain system-assisted triage services on requests for medical evaluation.	3
		4.1.1	Provide the ability to override a triage assignment of a request for medical evaluation	3
		4.2	Provide the ability to obtain the Compensation Pension Unit (CPU) (i.e., duration in hours of exam) assignment on requests for medical evaluation based on a variety of attributes: category of the request, staffing and facility models, examination type.	3
		4.3	Provide the ability to obtain an assignment of other attributes (e.g., affirm location of exam, diagnostics required, referral suggested) required on requests for medical evaluation together with examination type.	3
		4.4	Provide the ability to modify the request for medical evaluation to correct medical evaluation ordered, add a medical evaluation, or delete a medical evaluation.	3
	BN5: CP clinic users shall have the ability to obtain system-assisted scheduling services on triaged requests for medical evaluation.			4
		5.1	Provide the ability to perform electronic scheduling of the requests for medical evaluations together with triage assignments of the request.	4
		5.2	Provide the ability to obtain a system-assisted referral of individual exams/opinions/assessments of the request to another VA facility to perform medical exams/assessments/ opinions based on the system-assisted triage assignment.	4

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		5.3	Provide the ability to obtain a system-assisted referral of individual exams/opinions/assessments of the request to external vendors contracted with VA to perform medical exams/assessments/opinions based on the system-assisted triage assignment.	1
		5.4	Provide the ability to generate an electronic VA fee authorization for the referral to an external vendor.	1
		5.5	Provide the ability to establish automatically generated phone calls, confirmation letters, emails, and/or text messages to Claimants advising them of upcoming appointments or other relevant information.	4
		5.6	Provide the ability to override system scheduled appointments.	4
		5.7	Provide the ability to perform the following on scheduled appointments: search, view, report, and print.	4
		5.8	Provide the ability for Claimants to electronically reschedule medical examination appointments.	4
		BN6: DBQ Service Gateway users shall have access to a role-based, centralized DBQ Service Gateway to appropriately resolve requests for medical evaluation supporting a Veteran's or SM's claim with supported agencies.		1
			6.1	Provide the ability for VA users to access the DBQ Service Gateway to search, view, monitor, manage, communicate, report, print, manipulate or document requests for medical evaluation as their roles require, supporting a Claimant's claim with supported agencies.
	6.2		Provide the ability for all Health Administrative Specialists (HAS) to access the DBQ Service Gateway to search, view, monitor, manage, communicate, report and print medical evaluation of Claimants.	1

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		6.3	Provide the ability for external CP clinicians to access the DBQ Service Gateway to search, view, monitor, communicate, report, print, manipulate and document request for medical evaluation <i>requested or referred from VHA CP Clinic.</i>	1
		6.3.1	Provide the ability for external CP Clinicians or Contractors to complete a DBQ within the DBQ Service Gateway on behalf of a Veteran.	1
		6.4	Provide the ability for all treating clinicians, VA or nonVA to access the DBQ Service Gateway to view, print, manipulate, and document reports .	1
		6.5	Provide the ability for VA CP clinicians to perform system-assisted billing activities with DoD or other supported agencies to document requests for medical evaluation including ancillaries for referred disabilities based on payment charts.	1
		6.6	Provide the ability to create an Electronic Data Interchange (EDI) billing to VHA for medical evaluations including ancillaries using <i>contractually agreed payment charts.</i>	1
		6.7	Provide the ability for VBA End Users to access the DBQ Service Gateway to search, view, report , and print DBQs as needed within the service.	1
		6.8	Provide the ability to update DBQs with approved content (e.g., new template-DBQ, name change of medical evaluation-DBQ).	1
		6.9	Provide the ability for authorized users to update DBQ default service assignments (e.g., work assignments, triage assignments).	1
	BN7: Provide DBQ Service Gateway Users with enhanced system-assisted usability when documenting and working with the requests for medical evaluation.			1

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		7.1	Provide the ability to utilize role-based system-guided assistance when completing requests for medical evaluation.	1
		7.2	Provide the ability to view and reuse relevant administrative (i.e., Veteran/SM demographic data, claim) data.	1
		7.3	Provide the ability to utilize rules-based populated relevant clinical data within the DBQ based on previously entered content and other clinical data of record and claim data (e.g., side of body to be evaluated, functional limitations, pertinent positives and pertinent negatives data points).	1
		7.4	Provide the ability to utilize a pre-populated executive summary that is part of the DBQ that includes the claimed condition and any diagnosis already associated.	1
		7.5	Provide the ability to complete requests for medical evaluation through a system-guided, clinical-oriented logic document flow (i.e., SOAP Note Template – Subjective, Objective, Assessment, and Plan).	1
		7.6	Provide the ability to complete DBQs based on medical standards for documenting requests for medical evaluations that apply to all requests.	1
		7.7	Provide the ability to document necessary general information that has not been auto-populated by the system on requests for medical evaluation (e.g., history, diagnostic codes (i.e., most current in use ICD 9, ICD10), opinion, functional limitations).	1
		7.8	Provide the ability to document requests for medical evaluation based on user preferences (e.g., hide instructions, notes, references, definitions or directions.)	1

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		7.9	Provide the ability to walk the user through a variety of tools and/or pathways, in an interview-style for a CP/disability examination, to completion of a DBQ to assist in accessing and documenting medical evaluations.	1
		7.10	Provide the ability to perform queries/searches within the DBQ Service Gateway on medical information provided by Veteran/SM, requests for medical assessment, (e.g., search by Claimant identifiers, search for all evaluations of a request, specific data elements only vs. an entire request or evaluation).	1
		7.11	Provide the ability to denote a DBQ element as needing further review and/or information (i.e., bookmarking) DBQ Service Gateway users shall have bookmarking and annotating capability	1
		7.12	Provide the ability to annotate a DBQ element already supplied by the system or entered in a previous session.	1
		7.13	Provide the ability to view by role, or preference, necessary sections of a DBQ requiring review by a particular user or role.	1
		7.14	Provide the ability to view only the relevant rating specific information contained in a medical evaluation.	1
		7.15	Provide the ability to view supporting medical ancillary data (e.g., labs, imaging, and photographs) related to the medical evaluation	1
		7.16	Provide the ability to attach data from other electronic sources within a DBQ/medical evaluation template (e.g. digital images)	1

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		7.17	Provide the ability to dictate medical findings to complete medical evaluations and transform the results into viewable/reusable data.	1
		7.18	Provide the ability to electronically incorporate medical evidence presented in paper format during a medical evaluation from the Claimant.	1
		7.19	Provide the ability to draw the user's attention to items of contention necessary to be addressed.	1
		7.20	Provide the ability to select a DBQ to complete from a system-proposed list of DBQs based on items of contention identified.	1
		7.21	Provide the ability to count completed medical evaluations as "workload" associated to the performing CP Clinic.	1
		7.22	Provide the ability to use common word processing functions (e.g. cut, copy, paste) within the form.	1
		7.23	Provide the ability to automatically save in-progress exam data until user submits the data to VA	1
		7.24	Provide the ability to validate that all required data has been completed prior to submission	1
		7.25	Provide the ability to preview a form prior to submission.	1
		7.26	Provide the ability to send completed exam data to an external system for consumption/processing.	1
		7.27	Provide the ability for user to delete an incomplete form initiated by the user.	1
	BN8: Provide the ability for DBQ Service Gateway users to monitor work performed within the DBQ Service Gateway.			2
		8.1	Provide the ability to monitor the progression and status (e.g., referred, scheduled, and cancelled.) of a request throughout the medical evaluation lifecycle.	2

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		8.2	Provide the ability to monitor/track the DBQ Service Gateway communications conducted (e.g., clarifications, addendums) throughout the lifecycle of the request for medical evaluation.	2
		8.3	Provide the ability to visually identify secondary information from the tracked request for medical evaluation process including users interacting with the request, locations servicing the request, and status of the request.	2
		8.4	Provide the ability for a DBQ Service Gateway user to view/monitor work assigned to them in the service.	2
	BN9: Provide the ability for DBQ users to send/receive electronic communications directly from within the DBQ Service Gateway.			4
		9.1	Provide the ability to identify, share and use approved templates for common requests and other related dialog (e.g., addendums from clinicians, additional information from requestor, insufficient exam).	4
		9.1.1	Provide the ability to utilize blank templates for specialized requests and dialog (e.g., explanations of actions).	4
		9.2	Provide the ability for a user to respond to requests and dialogs from other DBQ users within the service.	4
		9.3	Provide the ability to receive a notification from within the service when tracked work is awaiting action (e.g., appointment time, results ready for review, all medical evaluations of request complete, request cancelled).	4
		9.4	Provide the ability to receive notifications from within the DBQ Service Gateway when tracked work reaches an identified cycle (milestone) in the process based on user or group preference settings.	4

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		9.5	Provide the ability for CP Clinic Users and CP Vendors to communicate through the DBQ Service Gateway regarding medical evaluations.	4
	BN10: Provide the ability to view all available Veteran/SM medical and other related records needed to perform a medical evaluation within the DBQ Service Gateway based on user role.			4
		10.1	Provide the ability to view all available electronic medical and related records through a centralized location in the DBQ Service Gateway.	4
		10.2	Provide the ability to view Claimants claim file through a centralized location in the DBQ Service Gateway.	4
		10.3	Provide the ability to view SM medical and service related information including pre-service, in-service, and post-service medical information (if not already included in the claim file folder) through a centralized location in the DBQ Service Gateway.	4
		10.4	Provide the ability to view Veteran/SM medical information from the private sector (i.e., Nationwide Health Information Network (NWHIN) through a centralized location in the DBQ Service Gateway.	4
	BN11: Provide the ability for VBA End Users to perform necessary actions within an electronic paperless DBQ process.			1
		11.1	Provide the ability to auto populate relevant data from the medical evaluation or DBQ directly into VBA's claims processing system (i.e., making available for processing by rules based service).	1
	BN12: Provide role based reporting services from the DBQ Service Gateway to all CP users/management as appropriate to their user role.			3

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		12.1	Provide the ability to view real-time, at a glance monitoring (i.e., dashboard), of key performance indicators (e.g., quality data, cost data, timeliness, workload, cycle times, inadequate medical evaluations, etc.) at a variety of levels (clinic, facility, regional, national) and user roles (management, user, etc.).	3
		12.1.1	Provide real-time monitoring of key performance indicators	3
		12.1.2	Provide reporting capability of key performance indicators	3
		12.1.3	Provide printing capability of key performance indicators	3
		12.2	Provide the ability to print a medical evaluation or a request for medical evaluation.	3
		12.2.1	Provide the ability to suppress the printing of unnecessary information by user preference.	3
		12.3	Provide the ability to create and print reports associated with contracted medical evaluations:	3
		12.3.1	See attached spreadsheet of additional reporting requirements.	3
	BN13: DBQ Service Gateway users shall have the ability to utilize up-to-date medical evaluation templates.			1
		13.1	DBQ Service Gateway users shall have access to changed content (e.g., medical evaluation templates, requests for medical evaluations) as updated by content management service.	1
	BN 14: Provide the ability for DBQ Service Gateway Users to request/refer medical evaluations to contracted vendors from within the DBQ Service Gateway.			1
		14.1	Provide the ability for a DBQ Service Gateway User to create a request for medical evaluation to a vendor	1
		14.2	Provide the ability for a DBQ Service Gateway User to create a referral to a vendor from the request for medical evaluation.	1

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		14.2.1	Provide the ability to identify/indicate the appropriate medical evaluation(s) from the request to send to a vendor	1
		14.3	Provide the ability to send a single request/referral to a vendor.	1
		14.3.1	Provide the ability to send requests/referrals as a batch to a vendor.	1
		14.3.2	Provide the ability to indicate which vendor to receive the request/referral from a list of vendors contracted with the specific agency/facility/office.	1
		14.3.3	Provide the ability to include the following data on the request/referral for medical evaluation to the vendor: request remarks, exam remarks, claim file review indicator, opinion indicator, and the requesting VBA Regional Office name and contact information.	1
		14.3.4	Provide the ability to include the following Veteran/SM information to the vendor for the request/referral: Claimant's: name, date of birth, gender, contact information (i.e., address and phone number(s)), Social Security Number, and Claim File Number .	1
		14.3.5	Provide the ability, if referred by a C&P Clinic, to include the authorization number from the VHA Fee Department and the requesting CP Clinic facility name, postal address, contact phone number and contact email address	1
		14.4	Provide the ability to track requests for medical evaluations sent to the vendor (e.g., vendor, date sent, authorization number, examination type).	1
		14.5	Provide the ability to maintain vendor information (e.g., contact information, pricing charts) for all vendors contracted to perform medical evaluations	1

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		14.6	Provide the ability to maintain CP Clinic information (e.g., Clinic name and contact information) for all CP Clinics.	1
		14.7	Provide the ability to maintain aVA Regional Office (VARO) contact information (e.g., VARO name and contact information) for all VAROs.	1
		14.8	Provide the ability correct/update request/referral information associated with a medical evaluation (e.g., date returned from vendor, date rejected) from within the DBQ Service Gateway.	1
		14.9	Provide the ability recall a request/referral from a vendor from within the DBQ Service Gateway.	1
		14.9.1	Provide the ability notify the vendor from within the DBQ Service Gateway when a referral associated with a medical evaluation has been recalled.	1
	BN15: Provide the ability for DBQ Service Gateway users to confirm the receipt of a medical evaluation returned from the vendors from within the DBQ Service Gateway.			1
		15.1	Provide the ability to view a completed medical evaluation within the specific users' DBQ Service Gateway workflows	1
		15.2	Provide the ability to electronically receive and view any associated ancillaries (e.g., photos, x-rays, labs) conducted to support the medical evaluation report.	1
		15.3	Provide the ability to associate ancillaries (e.g., photos, x-rays, labs) with the medical evaluation report.	1
		15.4	Provide the ability for users of the electronic health record (EHR) to view the complete medical evaluation report (including ancillaries) as part of the EHR by user role.	1

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		15.5	Provide the ability to track the timeliness of the medical evaluation returned by the vendor (i.e., actual date returned by vendor not including days for review and acceptance by the requestor).	1
		15.6	Provide the ability to accept a medical evaluation received from the vendor .	1
		15.6.1	Provide the ability to automatically update the DBQ Service Gateway when the medical evaluation is accepted.	1
		15.7	Provide the ability to reject a medical evaluation received from the vendor (i.e., insufficient or incomplete).	1
		15.7.1	Provide the ability to return a rejected medical evaluation to the vendors for correction.	1
		15.7.2	Provide the ability to associate comments related to inadequacies noted within the rejected medical evaluation.	1
		15.8	Provide the ability to extend the timeliness range of examinations sent back to the vendors to account for the additional time required for vendor to subsequently return the medical evaluation.	1
		15.9	Provide the ability to automatically update the request for medical evaluations as completed (i.e., mark as released) when all evaluations of the request are accepted.	1
		15.9.1	Provide the ability to automatically share the completed and accepted request for medical evaluations with the appropriate requesting agency.	1
		15.10	Provide the ability to count VHA contracted medical evaluations as "workload" according to the workload business rules.	1
	BN16: Provide the ability for CP Users to track and monitor all contracted medical evaluations from within the DBQ Service Gateway.			1

ReqPro Tag	Business Need (BN)	OWNR Number	Owner Requirement (OWNR)	Phase/Priority*
		16.1	Provide the ability to track/monitor pending contracted medical evaluations.	1
		16.2	Provide the ability to track/monitor returned contracted medical evaluations.	1
		16.3	Provide the ability to track/monitor rejected medical evaluations.	1
		16.4	Provide the ability to notify CP Users when there are activities awaiting their action on contracted evaluations (e.g., returned medical evaluations require review, reviewed medical evaluations require acceptance).	1
		16.5	Provide the ability to maintain (i.e. correct), where appropriate, the status of the medical evaluations	1
		16.5.1	Provide the ability to invoke the actions associated with the updated status (e.g., correcting a contracted medical evaluation status to rejected will invoke the action of returning the medical evaluation to the vendor for correction).	1
		16.6	Provide the ability for CP Vendors to update the status request/referral of the medical evaluations (e.g., the date and location of the appointment for the medical evaluation once scheduled, completed medical evaluation).	1
		16.7	Provide the ability to obtain reporting on contracted medical evaluations from within the DBQ Service Gateway based on user role.	1
		16.8	Provide the ability to configure the DBQ Service Gateway for contracted medical evaluations to account for differences in workflow process for VBA and VHA contracted exams.	1

7.2. Additional Reporting Requirements



Requirements Workbook - DBQ 11.2

7.3. Non-Functional Requirements

ReqPro Tag	Operational Environment Requirements
	The system must provide statistics on system performance and be capable of supporting the changing business and technical needs, as they expand.
	The system availability should be based on the hours of operation as stated in 7.2.1.3. Disaster recovery requirements should be stated in terms of a Recovery Time Objective (RTO) – the amount of time to recover the system and a Recovery Point Objective (RPO) – the point where data can be lost. A RTO of 24 hours means that the system must be restored within 24 hours after a disaster is declared. A RPO of 4 hours means that incremental backups are performed every 4 hours, and any business transactions after that point may be lost when a disaster occurs. Capacity planning requires the tracking of business drivers like the number of cases, the number of users, and the size of the records and should be considered when the project is stood up.
	Provide for Flexible Content – Configurable vs. code-based: -Allow configurations to be made to the user interface (presentation and business layers) and updated by VA staff.
NONF1608	Information about response time degradation resulting from unscheduled system outages and other events that degrade system functionality and/or performance shall be disseminated to the user community within 30 minutes of the occurrence. The notification shall include the information described in the current Automated Notification Reporting (ANR) template maintained by the VA Service Desk. The business impact must be noted.
NONF1609	Provide a real-time monitoring solution during the maintenance windows or when technical issues/problems occur which may require a preventative back-up.
NONF1610	Notification of scheduled maintenance periods that require the service to be offline or that may degrade system performance shall be disseminated to the user community a minimum of 48 hours prior to the scheduled event.
	Usability/User Interface Requirements
	The system shall support a tier architecture in which Data, Application and Presentation Layers are separate and independent from each other.
	The system should support frequent interface changes (for example BN7, BN9) without impacting other backend systems.
	Where and when applicable, user interface (business and application layers) and supporting infrastructure will be enhanced to keep pace with enrollment and requests of forensic examinations.
	User Interface will be able to “ingest” data from other sources providing extensible language (XML) and/or Hypertext Markup Language (HTML.)
	The system shall be compatible with all computer configurations running Windows XP, Vista, and Windows 7, as well as Mac Operating System (OS) and Linux; provided these platforms can support a Virtual Private Network (VPN) connection.
	All known Personally Identifiable Information (PII) regulations must be complied with,

	for the use and disclosure of individually-identifiable information and individual's rights in regards to PII data; this includes State, Federal, and DoD laws, rules, and regulations.
	The user interface shall be web-based and shall be compatible with all standard browser configurations with the VHA and VBA such as Microsoft Internet Explorer, FireFox, or Safari (basic web server).
	Interface shall allow the ability to capture information using available Standard Voice Recognition (SVR)/Dictation mechanisms.
	A training module or environment for new users shall be provided that mimics DBQ production, but does not use live production data; this training module ideally would reset itself each day so that training data used in prior day training would be removed at the start of each day.
	User acceptance testing should be performed to ensure that any technical specifications can be traced back to the originating business requirement.
	It is advised that considerations be made for Human Factors Engineering (HFE) of any user interfaces developed.
	508 Compliance will be considered during any user interface design and implemented to the extent possible.
NONF2227	The application shall include user prompts to guide the use of the application so that minimal technical support is needed by the user.
NONF1612	A technical training curriculum shall be developed and delivered to all levels of staff users.
	Documentation Requirements
	An electronic user manual and technical training curriculum shall be developed and delivered to all levels of staff users that includes a description of the new process and system interaction.
	Any enhancements to processes that change users from manual to automated processes, integrate multiple systems or other significant changes to user process, shall have a comprehensive set of documentation for using, managing and configuring the system (s).
NONF2228	Updates shall be made, as necessary, to the applicable user manuals and Operations and Maintenance (OM) manuals related to the system. If no User or OM documentation exists, it shall be produced.
	Included in the documentation should be a list of point of contacts for the system to provide users' access to Subject Matter Experts (SMEs) to assist in troubleshooting, knowledge sharing and other resource sharing information.
	Implementation Requirements
	An implementation plan shall be developed for all aspects of the DBQ Service Gateway program.
	Provide a Global Help Desk to support end user functionality and technical support. The system shall provide for English language support. Criticality for 24 x 7 support is yet to be determined.
NONF1614	The IT solution shall be designed to comply with the applicable approved Enterprise Service Level Agreements (SLA).
	Data Protection/Back-up/Archive Requirements
NONF1615	Provide a back-up plan yet to be determined (continuous or incremental) for when the system is brought off-line for maintenance or technical issues/problems.
	System maintenance shall be scheduled during off peak hours, as determined by the affected facility (ies).

	A "business" back-up plan will be provided for when the system is brought off-line for maintenance or technical issues/problems.
	Outages and/or scheduled maintenance windows shall be communicated via the VA's Automated Notification Reports (ANR) web application through the Austin Information Technology Center (AITC).
	Data Quality/Assurance Requirements
NONF2229	The system shall collect and store data as XML documents or within a normalized data base (native XML support) so that information may be distributed to consuming systems within the VA enterprise.
	A monitoring process shall be provided to insure that data is accurate and up-to-date and provides accurate alerts for malfunctions while minimizing false alarms.
	The system shall provide data consistency checks.
	On the training, test, and demo systems no actual/real SSNs (cases, SMs, etc.) shall be inputted or allowed; only test person and patient information shall be allowed.
	The system shall provide field validation for all fields including text and standardized pick lists.
	User Access/Security Requirements
NONF1617	Ensure the proposed solution meets all VA Security, Privacy and Identity Management (PIM) requirements including VA Handbook 6500. (See Enterprise Requirements Appendix).
	The system shall provide identity management, authentication and access control. User management for existing or new applications must include role based access and security permissions with appropriate authentications – refer to Appendix C for additional roles and responsibility descriptions.
	Expected Life Span Requirements
	Unscheduled releases should be agile and timely as requirements may change as result of changes in policy. It is the responsibility of the business to create and approve DBQ template changes and to communicate these requirements as change requests. New requirements or change requests shall be sorted between minor releases and major functionality releases (ProPath, Program Management Accountability System (PMAS)) to be considered by formal change control processes.
	All requirements will be tested, with test results recorded in the appropriate and agreed upon format; and critical issues resolved before final delivery; issues not critical will be tracked and resolved based on stakeholders need.
	Development and Testing environment must be accessible to VA staff and capability releases shall follow an agile methodology, if possible.
	Reporting Requirements
	Mid-term reporting requirements from BN12 reflect the reporting required from the Corporate Data Warehouse (CDW) populated from CAPRI. Regardless of its ability to provide real time reporting, CAPRI should reflect all the reporting possible from the current system at the time it is turned over to the CDW. The long term requirement will report on all the new performance metrics gained from the DBQ Service Gateway.

7.3.1. Performance, Capacity, and Availability Requirements

7.3.1.1. Performance

How many users will the new system (or system modification) support?
The system /architecture shall support two thousand (2,000) concurrent web-based (external) users without system degradation and thirty thousand (30,000) internal (VA users) without system degradation. NOTE: This capacity should be scalable to meet growing needs as outlined previously in this document.
What is the predicted annual growth in the number of system users?
An estimated 300,000 Service members will be separating from service each year over the next 3 years, and nearly all of them will be eligible for benefits. As a result, concurrent users will increase. Internal VA users will likely increase as new claims are filed by this larger Veteran population.

7.3.1.2. Capacity

What is the predicted size (average) of a typical business transaction?
For a single DBQ, as an encrypted PDF, the file would be 859 kb. XML would only be 28 kb in encrypted format. Approximately 2000 words per DBQ template, not counting completed forms/fields.
What is the predicted number of transactions per hour (day, or other time period)?
100,000 claims per month; every complete transaction would, at the minimum, interface with VLER and VBMS to exchange data.
Is the transaction profile expected to change (grow) over time?
Yes. This will be a function of numbers of new users as well as increased transactions from existing users. The current requirement is to support 100,000 new claims each month. This represents a 20% growth over the previous year; a higher growth factor is expected next year. Secondary factors include growth of claims based on legislative, economic, and policy decisions.
What are the dependencies, interactions, and interfaces with other systems?
VRM – hosting user interface application VLER – supporting data sharing infrastructure VBMS – consuming rating engine to enable paperless rating CAPRI – current CP workflow application CPRS – Veteran data storage VTA – current Veteran Tracking application used in claims processes Other systems across VHA/VBA/DoD/External (e.g. VERIS for contracted exams)
What is the process for planning/adjusting capacity?
<ol style="list-style-type: none"> 1) Monitor resource usage through traffic logs 2) Set threshold of 70% capacity, with an alarm for resource usage above that threshold; ensure these thresholds include load balancing during peak hours 3) On alarm, enact process for procuring additional resources, with built-in dollar amounts for each tera/gigabyte of additional memory needed. 4) In the event of excessive resource use during peak hours, use the hot site as fail over <p>Capacity Planning Group within Service Delivery and Engineering (SDE) Reference the ProPath process</p>

7.3.1.3. Availability

Describe when the envisioned system will need to be available (business hours only, weekends, holidays, etc) to support the business.

SLA 99.9% excluding pre-defined maintenance schedules. Potential hours of usage are 24 hours, 7 days a week, due to users situated worldwide across all time zones.

% uptime for web portal – SLA 99.9%, where total hours the DBQ Service Gateways URL is available divided by the total hours in the performance period, less scheduled maintenance and security shutdowns. This applies to both the frontend and backend of the DBQ Service Gateway.

7.4. Known Interfaces

This is the business community's best understanding of known interfaces and may not be a comprehensive listing. All required interfaces will be stated as Business Needs in Section 7.1.

<u>Name</u>	<u>Description</u>	<u>Interface Type</u>	<u>Responsibilities</u>	<u>Deliverables</u>
AWARDS	Used to prepare the award and calculate benefit awards.	Manual	Provides VBA the processing capability to generate and authorize compensation and pension awards.	Prepare and Calculate Benefit Award – Based on Rating Decision done by Rating Specialists.
BIRLS	Beneficiary Identification Records Locator Service	Manual	Stores Demographic Information on Veterans.	Controls the assignment of file numbers, manages 10 different folder types, stores inactive compensation and pension data, and stores active and inactive insurance policy numbers.
CAPRI	Compensation and Pension Records Interchange	Manual	Applications whereby VBA can order and receive medical examination from VHA exam providers; also allows VBA to obtain VHA medical treatment documentation. Also allows access to view DoD health data available through Bidirectional Health Information Exchange (BHIE)/ Federal Health Information Exchange (FHIE).	Provides a system of record of medical examination reports.

<u>Name</u>	<u>Description</u>	<u>Interface Type</u>	<u>Responsibilities</u>	<u>Deliverables</u>
CORP-DB	Corporate Data Base	Manual	VBA central database to which data from BDN and various other legacy databases are being transitioned after conversion.	Supports multiple VBA business lines' applications that include C&P, Education, Vocational Rehabilitation and Employment (VR&E), and Loan Guaranty Service (LGY).
COVERS	Control of Veterans Records	Manual	Application to create and track claim folders location and movements.	Provide a management of claim folders, physical locations and historical data.
CPRS	Computerized Patient Record System	Automated	The clinical application that healthcare providers use to view and edit aspects of a patient's electronic health record.	Provides clinical information about a patient.
EBenefits	Web portal for Veterans and SM access to benefits information.	Automated	The benefits portal is a one-stop shop for benefits-related online tools and information. The portal is designed for Wounded Warriors, Veterans, SMs, their families, and those who care for them.	2 main services. 1) A catalog of web links to information about military and Veteran benefits. 2) Provides a personalized workspace called My eBenefits which gives quick access to all the online tools now integrated into eBenefits.
Fast Track	Agent Orange Fast Track Claims Processing System	Automated	DBQ processing for 3 priority Claimant conditions (Ischemic Heart Disease, Hairy Cell and other B-Cell Leukemia, Parkinson's Disease). Designed to allow for submitting claims by Veterans and their Physicians, viewing claims status, viewing list of evidence submitted.	Fast Track currently leverages an external presence (WWW enabled) to collect data for 3 conditions found on DBQs and VA's Schedule for Rating Disabilities (VASRD).
MAP-D	Modern Award Processing Development	Manual	Application used to track the progress of a claim, and to set follow-up diaries.	Provide progress information on claim.

<u>Name</u>	<u>Description</u>	<u>Interface Type</u>	<u>Responsibilities</u>	<u>Deliverables</u>
RBA2000	Rating Board Application 2000	Automated	Application used to create rating decisions.	Outputs rating decision based on data collected (such as compensation and pension exams).
Share	Application to establish and process claims, do awards	Automated	Used by VBA during claim processes.	Provide system record for VBA claims information.
VBMS CP	Veterans Benefits Management System, Compensation and Pension.	Automated	VBA Paper-less Workflow environment for claims/benefits approval.	Provide ability to streamline work products by creating a paper-less workflow.
VBMS-R	Veterans Benefits Management System – Rating	Automated	Future application within the VBMS which will be used by the VBA to develop automated rating decisions.	Leveraging VBA's paperless claim environment, the tool will provide automated claim decisions based on the data collected from DBQs.
VERIS	Veterans Exam Request Information System	Manual	Applications whereby VBA can order medical examination reports from VBA contract exam providers.	Provides a system of record of medical examination reports.
VIRTUAL VA	Virtual Veterans Affairs	Manual	Virtual VA is the current electronic repository used by VBA to store limited number of claims folders.	The 'as is' Virtual VA solution may be expanded as an interim solution.
Vista	Veterans Health Information Systems and Technology Architecture	Automated	A hybrid system comprised of traditional and modernized applications, services, and data repositories.	It consists of hardware, software packages, and comprehensive support for system-wide and station specific, clinical and administrative automation needs.
VLER DAS	Virtual Lifetime Electronic Record – Data Access Service	Automated	Serves as an information broker of Veteran data for the VA, DoD, Federal Partners and Private partners.	Initial capabilities will enable the sharing of computable data from completed DBQs to be accessed by approved systems throughout the VA, DoD, and SSA for the purposes of compensation and pension adjudication.

Name	Description	Interface Type	Responsibilities	Deliverables
VRM	Veterans Relationship Management	Manual	Designed to improve the speed, accuracy, and efficiency in which information is exchanged between Veterans and the VA, regardless of the communications method (phone, web, email, and social media).	Modernization of voice telephony, unification of public contact representative desktops, implementation of Identity and Access Management (IAM), development of cross VA knowledge management systems, implementation of Customer Relationship Management systems (CRM), and integrating self-service capabilities with multiple communication channels.
VTA	Veterans Tracking Application	Manual	VTA supports the Integrated Disability Evaluation System (IDES) by allowing tracking of IDES claims.	Provide an automated capability to populate data used to track IDES claims status.

7.5. Related Projects or Work Efforts

- New Service Request (NSR) 20111203 SMART Module:** The Structured Module for Analytic and Report Templates (SMART) Module is being converted from Class III (regional) to Class I (national) software. It will provide DBQs via CPRS, for treatment physicians with no access to CAPRI. It basically uses the same logic as CAPRI, but will work in CPRS. SMART is a partial extraction of some of the existing CAPRI software. Particularly, it provides the user with direct access to the C&P Worksheet module of CAPRI, which allows faster response times as it is not burdened down by the additional CAPRI functionality/processes. SMART is tied to the CPRS tools menu which allows the user to directly access the patients worksheets (For patient in context in CPRS). It was not made to be run as a stand-alone application. In addition, it implements Clinical Context Object Workgroup (CCOW) so that the user is NOT required to re-login (After logging in to CPRS) to use the application:
http://vista.med.va.gov/nsrd/Tab_GeneralInfoView.asp?RequestID=20111203
- NSR 20110505 Fast Track/Agent Orange Enhancements** Fast Track Claims Processing System enables Vietnam Veterans to submit claims for Agent Orange (AO) exposure. Veterans claiming one or more of the supported presumptive conditions are able to self register, create a profile and submit a claim using VA form 21-526EZ. The system can also process medical evidence forms known as Disability Benefit Questionnaires (DBQs) that are submitted online by the Veteran's private sector or VHA provider. Supports Secretary Shinseki's Major Initiative # 2. Enhancements are necessary to better facilitate and automate the processing of claims for Veterans filing claims for any of the three Agent Orange presumptive conditions: Parkinson's, Ischemic Heart Disease, and Hairy or B Cell Leukemia. Consequences of inaction would result in VBA's ability to triage, disposition, and make recommended rating decisions on such claims, thus causing delays in the adjudication of those claims.
http://vista.med.va.gov/nsrd/Tab_GeneralInfoView.asp?RequestID=20110505

8. Other Considerations

8.1. Alternatives

- The shortest path to a quick value addition would be to enhance the existing DBQs in order to provide data entry better suited to field clinicians in such a way that the rating system can clearly identify and rate the activities with little to no human intervention.
- A Commercial Off-the-Shelf (COTS) product will be employed. Currently several of the contract providers have web-based CP evaluation systems that provide DBQs to VHA and VBA, at least some of which use clinical protocol (clinicians do not key into a DBQ form) to conduct the exam.
- All functionality requested will be provided in a phased approach with business owner approval of the functionality to be developed in each phase.

8.2. Assumptions

- Case management will be incorporated throughout the entire process, from both the Veteran and Claim perspective.
- IT investment funding and resources to develop the requested enhancements will be provided for enhancement, maintenance, and operations.
- Current operational functionality will remain, the functionality of the current 'as is' systems will not be lost.
- The requested enhancements will provide more efficient business operations.
- The current CP business process will change as business needs dictate in future years.
- If a phased approach to development is utilized, any needed functionality that will not be enhanced immediately will still be available and interfaced appropriately.

8.3. Dependencies

- Contact needs to be maintained with the Integrated Work Queue (IWQ) initiative, as it is expected to have a major impact on Workflow Management/Forecast of Workflow.
- VBMS is currently working to auto-populate the rating decision in the Veteran's file, at the point the rating decision is made.
- VRM is currently working to establish a single, secure entry point to VA systems for the performance of self-service functions.

8.4. Constraints

- Certain sites block access to CP examination information to all CPRS users and restrict it to only CP examinations. A policy directive is required from the Office of Disability and Medical Assessment.
- Some benefits claims may remain paper-based until VBA claims transformation initiatives are fully implemented for all claims. Submission of information by the Veteran may require legal and policy decisions.
- Submission of supporting disability information via an online portal by the Veteran directly to examining provider may require legal and policy decisions.

- Health Information Management (HIM) is required to release the medical examination prior to the completion of a rating by VBA; this should be considered when fulfilling requirements related to the viewing of CP medical examinations within any EHR.

8.5. Business Risks and Mitigation

Business Risk: Mechanizing paperwork without analyzing improvements is detrimental to the overall goal.

Mitigation: Relevant stakeholders and business users will be engaged in process review and streamlining throughout the project lifecycle.

Business Risk: Coordination and consensus among various stakeholder groups within and outside of VA would be a challenge.

Mitigation: Timely communication and coordination by VLER PMO will be effective to mitigate this risk.

Business Risk: Between new and legacy systems, there are many systems to interact or interface with the DBQ Service Gateway. These systems create dependencies in scope, time, and costs because some of these new systems are not developed or partially developed (i.e., VBMS, VRM, and the new scheduling system in VistA) and the work involved with legacy systems for interface. There is no guarantee of continued funding for new systems and if funded, we are constrained by schedules and setbacks in scope for the new systems.

Mitigation: Assign a manager/subject matter expert/risk owner to **each** area of interface. The risk owner will be inserted into the status meetings for these areas of responsibility to learn the status of the interfacing system. Status regarding its capability of responding to the scope and schedule will be reported during risk management meetings. This information will continuously be fed back into the monitoring and control phase of project management together with change requests. During the integrated change control of project management, decisions for tradeoffs will be made concerning gaps in functionality or scheduling setback during change control meetings.

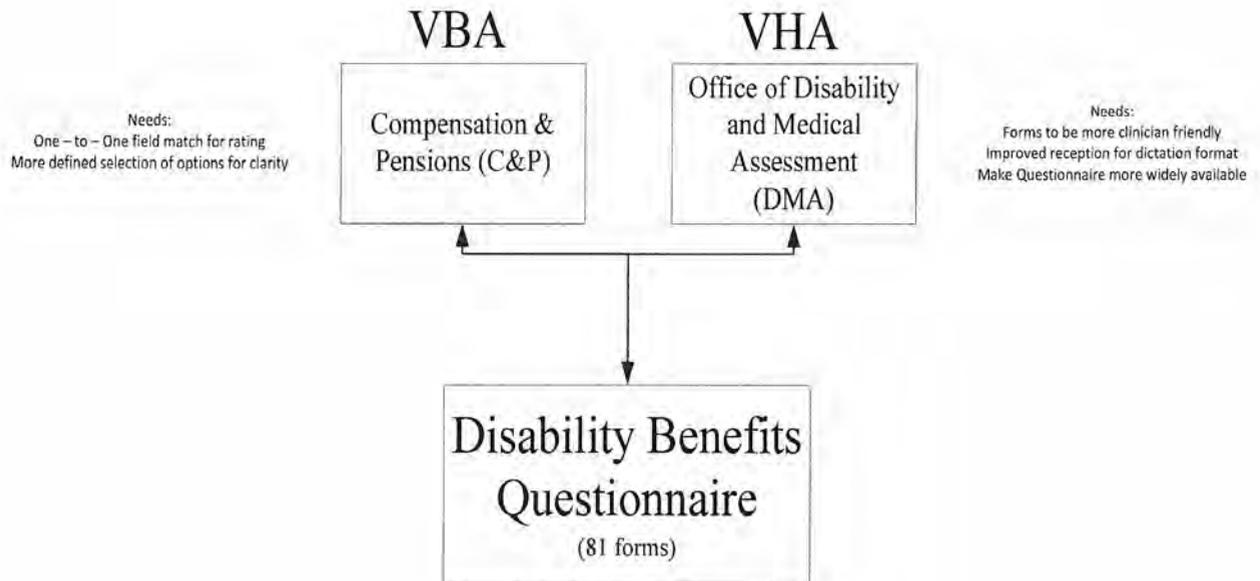
Business Risk: VHA HIMs are required to release medical examinations once the exam is complete but often prior to a rating being complete by VBA. This could result in the disputing of the rating before it has been completed.

Mitigation: VHA directives clearly determine that VBA has custodial rights to C&P reports, and as such, VBA is the only governing body permitted to release the reports.

Appendix A. References

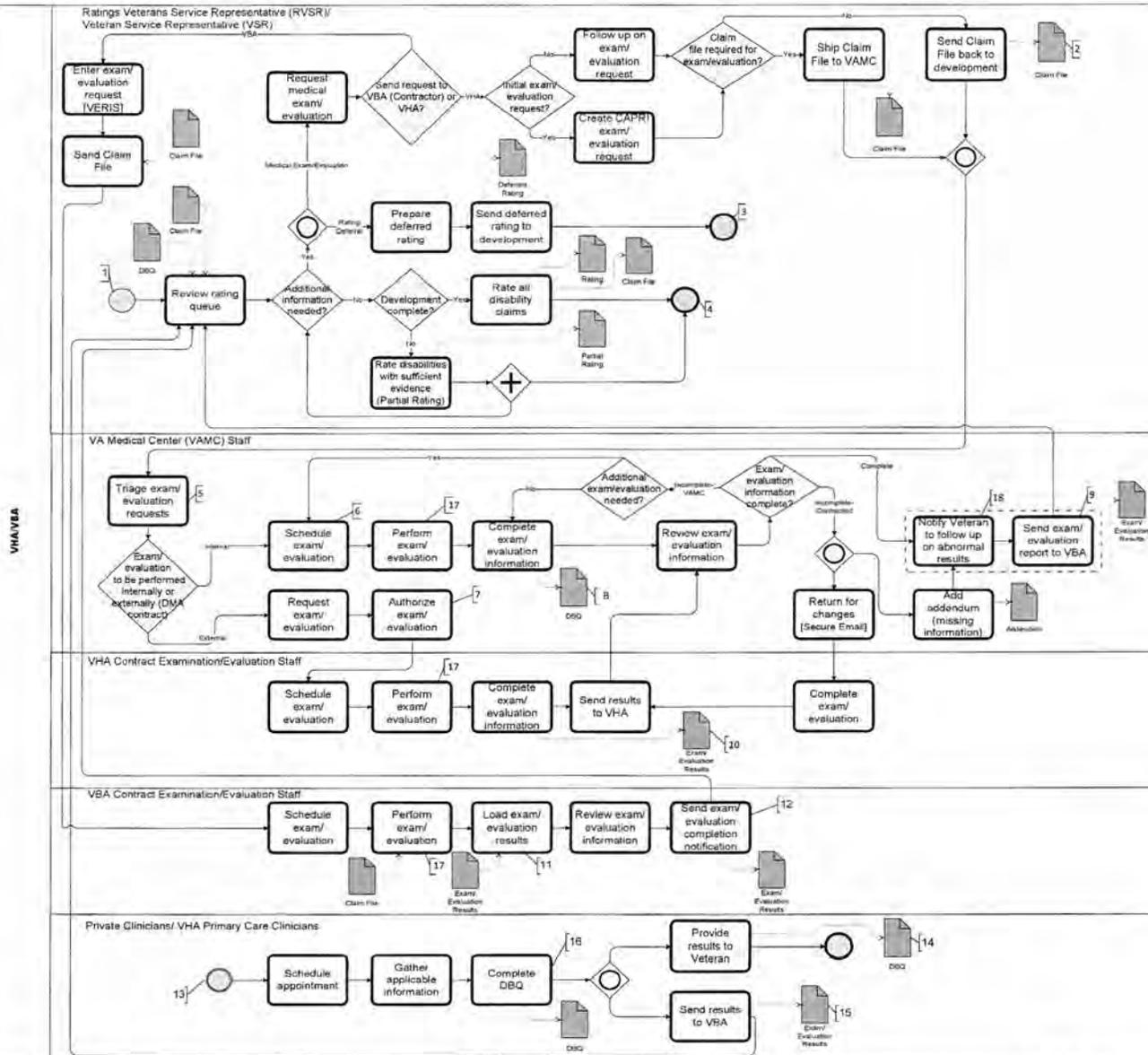
- VA Handbook 6500 – Information Security Program:
http://vaww1.va.gov/vapubs/viewPublication.asp?Pub_ID=364&Ftype=2
- CAPRI for Veterans Service Organizations (VSOs):
<http://www.ehealth.va.gov/docs/CAPRIforVSOsWeb.pdf>
- Disability Benefit Questionnaires:
<http://benefits.va.gov/TRANSFORMATION/disabilityexams/>
- United States Committee on Veterans Affairs Hearing on VA Contracts for Health Services:
http://veterans.senate.gov/hearings.cfm?action=release.display&release_id=c2fd1ba3-a503-4a7a-8402-29a77e41ff74
- Vai2 Innovation Initiative: http://www.va.gov/vai2/About_Home.asp
- VHA DIRECTIVE 2010-045 Introduction of Disability Benefits Questionnaires (DBQs) to Support the Compensation and Pension (CP) Process:
http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2298
- Logistics Health Incorporated: <http://www.logisticshealth.com/va>
- Disability Examination Management Pre-Solicitation Announcement:
https://www.fbo.gov/?s=opportunity&mode=form&id=a065abe49616bea8b11e1836d94cfaba&tab=core&_cview=1
- NSR 20111209 Disability Benefits Questionnaires (DBQs) Services:
http://vista.med.va.gov/nsrd/Tab_GeneralInfoView.asp?RequestID=20111209
- Changes in Compensation and Pension Examination Reports VHA Directive 2010-024, June 2, 2010: http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2248

Appendix B. Models



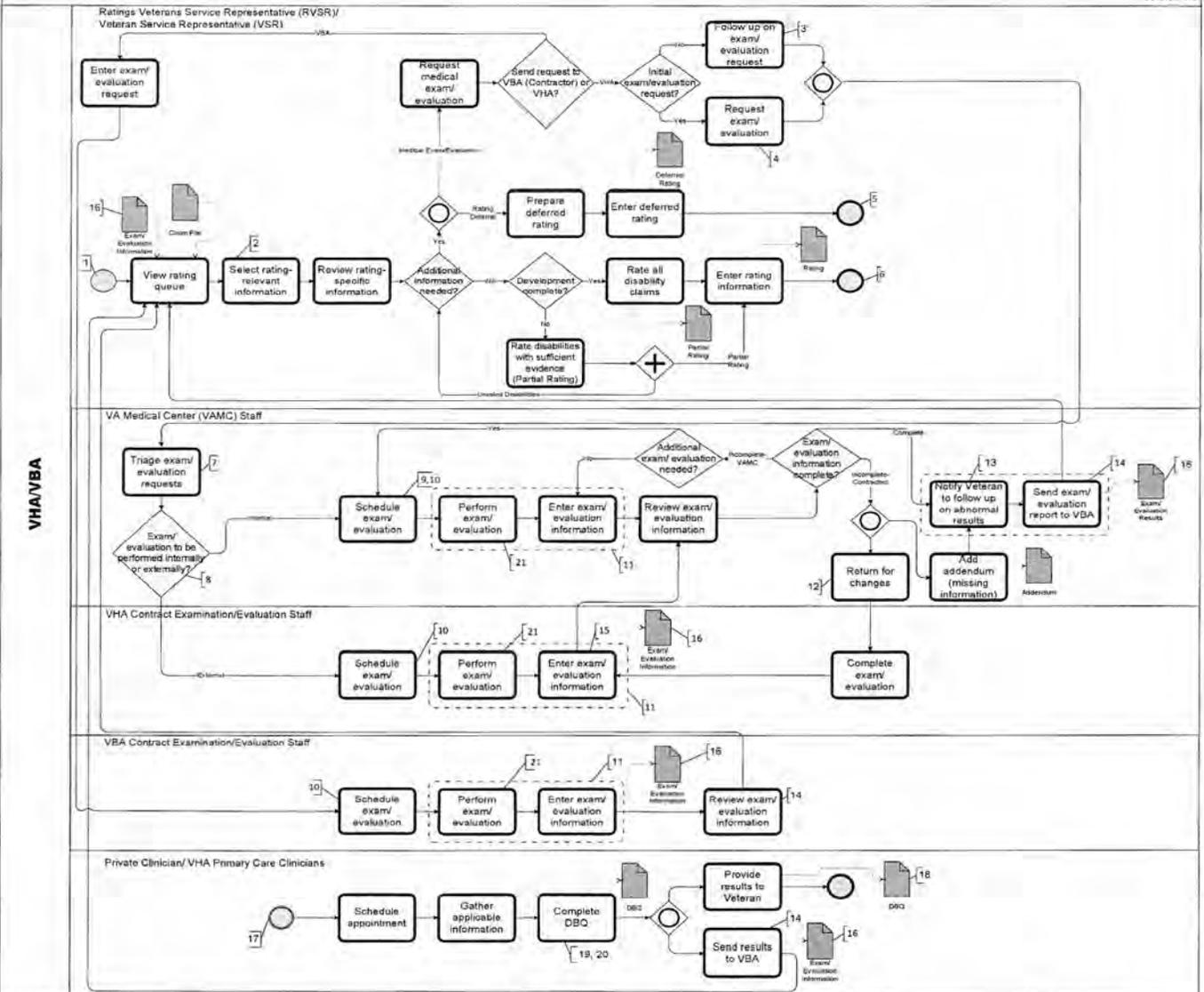
Disability Benefits Questionnaire (DBQ); Compensation and Pension Exam/Evaluation (C&P) Claim Rating Process Model: As-Is

Version 1.0



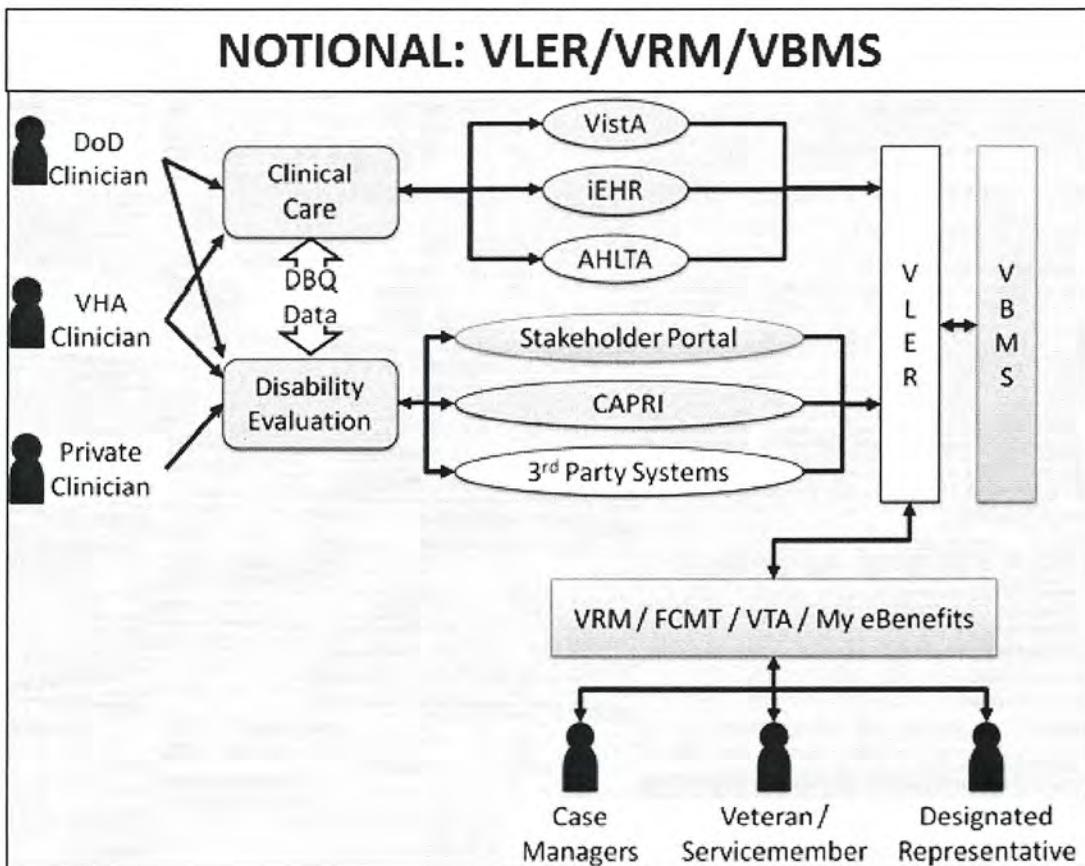
- Annotations:**
1. Case received for review from development.
 2. File will be held until all exams/evaluations are complete.
 3. Deferrals and partial deferrals are returned to development.
 4. Send Claim for promulgation and payment processing.
 5. Manual triage procedures.
 6. Workload and encounters must be captured within industry standards.
 7. Free Office, Enrollment & Eligibility must be notified.
 8. Loaded electronically via CAPRI.
 9. Manner in which exam/evaluation report is provided varies, including PKI secure email, CAPRI (VAMC cut-and-pastes report into blank CAPRI template), courier, mail, fax.
 10. Results formats vary, and include: contractor developed DBQ, sending via CAPRI, Virtual VA; cutting and pasting into CAPRI; fax; email; mail.
 11. Virtual VA then pulls these results, on a regular schedule, from a predefined location on the contractor's website. No current notification procedure.
 12. Information sent through VERIS completes the file, but there is currently no notification element to inform RVSR/VSR that exam/evaluation results and file are now updated.
 13. Veteran may request to develop a claim, wish to begin a claim, or VBA may have asked that they provide evidence in support of a claim. Doctor has established relationship with patient.
 14. Veteran to provide these results to VBA to begin claim/s support of existing claim.
 15. Manner in which results are provided to VBA varies, including: fill-able PDF DBQ, Fast Track. Currently, there is no simple tag to easily append to existing claim/notify VBA.
 16. Private Providers have access to a subset of all DBQ's; certain DBQ's must be completed by VAMC.
 17. In case of a request for an Independent Medical Opinion (MO) the claim file will be reviewed in lieu of an exam/evaluation.
 18. Per VHA Policy.
- NOTE:** Evaluation and Exam have specific definitions within VHA and VBA. These are defined within the BRD.

DRAWN BY	DATE	PAGE
VHA ESM Business Architecture, Business Process Architecture	Dec 16, 2011	1 OF 2



- Annotations:
1. Receive automated notification that case is ready for review.
 2. Enterprise solution to provide ability to pull/view information by specific rating criteria(condition/s).
 3. Make inquiry through enterprise solution.
 4. Enter request through enterprise solution.
 5. Enterprise solution to provide notification to developers regarding action needed on delerrals and partial delerrals.
 6. Enterprise solution to notify staff that rating/claim is ready for promulgation and payment processing.
 7. Partially automated triage (enterprise solution) should assist staff in assessing and prioritizing case workload.
 8. System-assisted decision support desired. Free Office, Enrollment & Eligibility must be notified as needed - automated or decision support notification solution desired.
 9. Automated or decision support solution should support workload and encounter capture to industry standards.
 10. All scheduling to be done in enterprise solution system.
 11. Enterprise solution shall provide improved user interface that will support clinician C&P exam/evaluation workflow and provide access to needed clinical information. Would like to have information visible within CPED.
 12. Enterprise solution to provide notification to Contract Staff that exam/evaluation information is incomplete/requires further action.
 13. Per VHA Policy.
 14. Enterprise solution to provide notification to VBA staff that exam/evaluation information is ready for review.
 15. Enterprise solution to provide notification to VAMC staff that exam/evaluation information is ready for review.
 16. Loaded electronically via enterprise solution (to include enhanced DBQs, worksheets, opinions, clinical gip data, assessments, etc).
 17. Veteran may request to develop a claim, wish to begin a claim, or VBA may have asked that they provide evidence in support of a claim. Doctor has established relationship with patient.
 18. Veteran to provide these results to VBA to begin claim/in support of existing claim.
 19. May be completed electronically or manually.
 20. Private Clinicians have access to a subset of all DBQ's; a small number of DBQs are not available to Private Clinicians.
 21. In case of a request for an Independent Medical Opinion (IMO) the claim file will be reviewed in lieu of an exam/evaluation. Note: Evaluation and Exam have specific definitions within VHA and VBA. These are defined within the BRD.

DRAWN BY	VHA ESM Business Architecture, Business Process Architecture	DATE	Dec 16, 2011	PAGE	2 OF 2
----------	--	------	--------------	------	--------



Appendix C. Exams by VBA Diagnostic Codes for Rating Decisions



Exams By Diagnostic
Code.xls

Appendix D. DBQ-Calculator Priority List for Automated Evaluations

Error Rates	DBQ Mapping	Body System Priority	DBQ Priority
Hearing Loss	DBQ AUDIO Hearing loss & tinnitus	1	1
Musculoskeletal	DBQ MUSC Knee & lower leg	2	1
Musculoskeletal	DBQ MUSC Back (thoracolumbar spine)	2	2
Musculoskeletal	DBQ MUSC Neck (cervical spine)	2	3
Musculoskeletal	DBQ MUSC Shoulder & arm	2	4
Musculoskeletal	DBQ MUSC Elbow & forearm	2	5
Musculoskeletal	DBQ MUSC Ankle	2	6
Musculoskeletal	DBQ MUSC Hip & thigh	2	7
Musculoskeletal	DBQ MUSC Arthritis non-degen (inflam. imm, cryst. infect)	2	9
Musculoskeletal	DBQ MUSC Foot miscellaneous	2	10
Musculoskeletal	DBQ MUSC Flatfoot (pes planus)	2	11
Musculoskeletal	DBQ MUSC Hand & finger	2	12
Musculoskeletal	DBQ MUSC Osteomyelitis	2	13
Musculoskeletal	DBQ MUSC Temporomandibular joint	2	14
Musculoskeletal	DBQ MUSC Muscle Injuries	2	15
Musculoskeletal	DBQ MUSC Amputations	2	16
Endocrine	DBQ ENDO Diabetes mellitus	3	1
Endocrine	DBQ ENDO Thyroid & parathyroid	3	2
Endocrine	DBQ ENDO Endocrine miscellaneous	3	3
Cardio	DBQ CARDIO Ischemic heart disease	4	1
Cardio	DBQ CARDIO Hypertension	4	2
Cardio	DBQ CARDIO Heart	4	3
Cardio	DBQ CARDIO Arteries & veins (vascular)	4	4
Respiratory	DBQ RESP Respiratory conditions	5	1
Respiratory	DBQ RESP Sleep apnea	5	2
Skin/Scar	DBQ DERM Scars	6	1
Skin/Scar	DBQ DERM Skin	6	2
Neurological	DBQ NEURO Headaches (including migraine headaches)	7	1
Neurological	DBQ NEURO Diabetic sensory-motor peripheral neuropathy	7	2
Neurological	DBQ NEURO Peripheral nerves	7	3
Neurological	DBQ NEURO TBI Initial	7	4
Neurological	DBQ NEURO TBI Review	7	5
Neurological	DBQ NEURO Seizure disorders (Epilepsy)	7	6
Neurological	DBQ NEURO Central nervous system	7	7
Neurological	DBQ NEURO Cranial nerves	7	8
Neurological	DBQ NEURO Fibromyalgia	7	9
Neurological	DBQ NEURO Multiple sclerosis	7	10
Neurological	DBQ NEURO Narcolepsy	7	11
Neurological	DBQ NEURO Parkinsons disease	7	12
Neurological	DBQ NEURO Amyotrophic lateral sclerosis	7	13
Mental / PTSD	DBQ PSYCH PTSD Initial	8	1
Mental / PTSD	DBQ PSYCH PTSD Review	8	2
Mental / PTSD	DBQ PSYCH Mental disorders	8	3
Mental / PTSD	DBQ PSYCH Eating disorders	8	4
Musculoskeletal	DBQ MUSC Wrist	8	5
Vision	DBQ OPTO Eye	9	1
Genitourinary	DBQ GU Prostate cancer	10	1
Genitourinary	DBQ GU Male reproductive system	10	2
Genitourinary	DBQ GU Urinary tract (bladder and urethra)	10	3
Genitourinary	DBQ GU Kidney (nephrology)	10	4
Digestive	DBQ GI Esophagus (including GERD & hiatal hernia)	11	1
Digestive	DBQ GI Gallbladder & pancreas	11	2
Digestive	DBQ GI Intestines (other than surgical or infectious)	11	3
Digestive	DBQ GI Intestines (infectious)	11	4
Digestive	DBQ GI Intestines (surgical)	11	5
Digestive	DBQ GI Liver conditions Hepatitis, cirrhosis & other liver	11	6
Digestive	DBQ GI Peritoneal adhesion	11	7
Digestive	DBQ GI Stomach & duodenum	11	8
Hemic	DBQ HEM Hairy Cell & other B-cell leukemias	12	1
Hemic	DBQ HEM Hemic & lymphatic, including leukemia	12	2
Infectious	DBQ INFECT HIV related illness	13	1
Infectious	DBQ INFECT Infectious diseases	13	2
Infectious	DBQ INFECT South West Asia Infectious diseases	13	3
Infectious	DBQ INFECT Tuberculosis	13	4
Surgery	DBQ GEN SURG Hernia inguinal, femoral & abdom (not hiatal)	14	1
Surgery	DBQ GEN SURG Rectum & anus (including hemorrhoids)	14	2
GYN	DBQ GYN Gynecological conditions	15	1
GYN	DBQ GYN Breast conditions and disorders	15	2
ENT	DBQ ENT Sinusitis, rhinitis & other ENT conditions	16	1
ENT	DBQ ENT Ear conditions	16	2
ENT	DBQ ENT Loss of sense of smell & taste	16	3
Auto Imm	DBQ AUTO IMM Systemic lupus erythematosus	17	1
Cold Injury	DBQ Cold injury residuals	18	1
Dental	DBQ DENTAL Dental & oral (other than TMJ)	19	1
Nutri	DBQ NUTRI Nutritional deficiencies	20	1
POW	DBQ Prisoner of War (POW)	21	2
Rheum	DBQ RHEUM Chronic fatigue syndrome	22	3
Gen Med	DBQ General Medical Compensation	23	1
Gen Med	DBQ General Medical Gulf War	23	2
Gen Med	DBQ General Medical Pension	23	3

Appendix E. Business Needs detailed by Functionality



DBQ_Services_Busin
ess_Requirements_Pr

Appendix F. Stakeholders, Primary/Secondary Users, and Workgroups

Stakeholders

Type of Stakeholder	Description	Responsibilities
Requester	<ul style="list-style-type: none"> James Leiman, VLER Enterprise Program Management Office (EPMO), VA 	Submitted request. Submits business requirements. Monitors progress of request. Contributes to BRD development.
Endorser	<ul style="list-style-type: none"> Dr. Gerald Cross, Chief Officer, DMA, VHA 	Endorsed this request. Provides strategic direction to the program. Elicits executive support and funding. Monitors the progress and time lines.
Business Owner(s)/Program Office(s)/Primary Stakeholders (signature authority)	<ul style="list-style-type: none"> Dr. Gerald Cross, Chief Officer, DMA, VHA Thomas Murphy, Director Compensation Service, VBA David McLenachen, Director PF Service, VBA 	Provide final approval of BRD with sign-off authority. Provide strategic direction to the program. Elicit executive support and funding. Monitor the progress and time lines.
Other Primary Stakeholders	<ul style="list-style-type: none"> Joe Paiva, Executive Director, VLER EPMO Alan Bozeman, VBA, Director VBMS, Program Management Office (PMO) Phalen, Leo, Director VRM 	Provides input on systems that may interface or be leveraged to support the business needs/requirements outlined in the request.
Business Subject Matter Expert(s) (SME)	<ul style="list-style-type: none"> James Leiman, VLER EPMO, VA Michael van Gaalen, Interadministration Systems & Data Analyst, DEMO, VBA Brian Stephens, Deputy Director, DEMO, VBA Nancy Fagan, DMA, VHA Patricia Jenkins, Training Specialist, DMA, VHA Gwendolyn Boyd, Chief Quality Assurance, DMA, VHA Jeannie Viveiros, Office of Disability Assistance, VBA Robin Schoeleman, Assistant Director, Business Management, 	Provide background on current system and processes. Describe features of current systems, including known problems. Identify features of enhancement.

Type of Stakeholder	Description	Responsibilities
	Compensation Service, VBA <ul style="list-style-type: none"> • Laurine Carson, Chief PF Service • Beverly Gilraine, CP Coordinator, VHA • Michael Koopmeiners, MD, Clinic Director CP, VHA • Lisa LeVert, CPS, VBA, VRM • Laura Hodges, Program Analyst, Veterans Benefits Management System (VBMS), VBA • Sarah Wear, Program Analyst, Office of Strategic Planning, VBA • Ann Carson, DRO, VBA (St. Petersburg, Florida, Regional Office) • Kyle Flannery, RVSR, VBA (St. Petersburg, Florida, Regional Office) 	
Technical SME(s)	<ul style="list-style-type: none"> • Michael van Gaalen, Interadministration Systems & Data Analyst, DEMO, VBA • Dick Rickard, Project Manager (PM), Office of Information and Technology (OIT), VA 	Provide technical background information about the current software and requested enhancements.
User SME(s)	<ul style="list-style-type: none"> • Leslie Arwin, MD, DMA, VHA • Michael Koopmeiners, MD, Clinic Director CP, VHA 	Ensure that the enhancements will account for current business processes and existing software capabilities, including requirements elaboration and User Acceptance Testing (UAT)

Stakeholder Support Team (BRD Development)

Type of Stakeholder	Description	Responsibilities
Security Requirements SME(s)	<ul style="list-style-type: none"> • Susan Nelson, Healthcare Security Requirements 	Responsible for determining the Certification and Accreditation (CA) and other security requirements for the request.
Service Coordination SME(s)	<ul style="list-style-type: none"> • Richard Murray, Service Coordination 	Responsible for ensuring all aspects of non-functional requirements have been accurately recorded with the information presently available for this request.

Health Systems Portfolio Staff	<ul style="list-style-type: none"> • Byron Fong, Registration, Eligibility and Enrollment (REE) • George Zachariah, Health Provider Systems (HPS) 	Serve as the liaison between the Program Office (Business Owner) and Product Development throughout the life cycle.
Health Systems Requirements Analysis and Engineering Management (RAEM) Staff	<ul style="list-style-type: none"> • Darlene Handley, Program Analyst, RA • Pawan Goyal, MD, RA • Lauren Hardeen, Program Analyst, RA • Linda Hebert, Associate Director, RAEM 	Responsible for working with all stakeholders, but presenting the VHA consensus on accurately recording business requirements for this request.
Health Systems Business Architecture (BA) Staff	<ul style="list-style-type: none"> • Maria Tutino, BA • Katrina Wisper, BA • Jim McDearmon, BA 	Responsible for working with all stakeholders to understand and depict the AS-IS and TO-BE business process.
Office of Business Process Integration (OBPI)	<ul style="list-style-type: none"> • Nan Pellone, Program Analyst, OBPI • Nathan Shea, Program Analyst, OBPI 	Responsible for working with all stakeholders, but presenting the VBA consensus on accurately recording business requirements for this request.

Primary and Secondary Users

Name	Description	Responsibilities
Primary Users	Disability/Forensic Medical Examiners (Benefits Delivery at Discharge (BDD), Integrated Disability Evaluation System (IDES), contract, DoD and VHA; Veterans' private clinicians)	Conduct medical evaluations and process requests for medical evaluation.
	VBA End Users - Rating Veterans Service Representative (RVSR)	Generate requests to CP Medical Examiners and follow-up through rating adjudication
	VHA End Users - Veterans Service Representative (VSR)	Veteran/family authorized representative to facilitate coordination and communication
Secondary Users	Veterans/SMs	Undergo medical exams for various ratings efforts to determine disability and other benefits.
	VLER Enterprise Program Management Office (EPMO)	Provide budget coordination, communication, and oversight of the IT Services Negotiated for the CPF Service.
	VHA DMA	Provide policy guidance and oversight of the CPF Service
	VBA CPF Services	Provide policy guidance and oversight of the CPF Service

Appendix F. Enterprise Requirements

Below is a subset of Enterprise-level Requirements that are of particular interest to the business community. These requirements MUST be addressed within each project resulting from this work effort. If OIT cannot address these Enterprise-level requirements, the Business Owners responsible for each area MUST be engaged in any waiver discussions prior to any decisions being made. This section is not meant to be a comprehensive list of all Enterprise-level requirements that may apply to this work effort and should not preclude the technical community from reviewing all Enterprise-level requirements, and identifying others that should apply to this work effort as well.

Enterprise-level requirements are contained in the VA Enterprise Requirements Management (ERM) Repository. To contact the ERM program personnel, gain access to the ERM repository and to obtain the comprehensive allocation of Enterprise-level requirements for the project development iteration, contact VA OIT OED SE Enterprise Requirements Management. (mailto:VHA_10P7B_Service_Coordination_SRM_Team)

ReqPro Tag	Requirement Type	Description
ENTR25	Security	All VA security requirements will be adhered to. Based on Federal Information Processing Standard (FIPS) 199 and National Institute of Standards and Technology (NIST) SP 800-60, recommended Security Categorization is High. The Security Categorization will drive the initial set of minimal security controls required for the information system. Minimum security control requirements are addressed in NIST SP 800-53 and VA Handbook 6500, Appendix D.
ENTR10	Privacy	All VA Privacy requirements will be adhered to. Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.
ENTR95	508 Compliance	All Section 508 requirements will be adhered to.
ENTR7	Executive Order	All executive order requirements will be adhered to.
ENTR8	Identity Management	All Enterprise Identity Management requirements will be adhered to. These requirements are applicable to any application that adds, updates, or performs lookups on persons.
ENTR991	Terminology Services	Application/services shall reference the Standard Data Services (SDS) as the authoritative source to access non-clinical reference terminology.
ENTR1092	Terminology Services	Application/Services shall use the VA Enterprise Terminology Services (VETS) as the authoritative source to access clinical reference terminology.
ENTR1847	Terminology Services	Applications recording the assessments and care delivered in response to an Emergency Department visit shall conform to standards defined by the VHA-endorsed version of C 28 – Health Information Technology Standards Panel (HITSP) Emergency Care Summary Document Using Integrating the Healthcare Enterprise (IHE) Emergency Department Encounter Summary (EDES) Component.
ENTR1848	Terminology Services	Applications exchanging data summarizing a patient’s medical status shall conform to standards defined by the VHA-endorsed version of C 32 – HITSP Summary Documents Using Health

		Level Seven (HL7) Continuity of Care Document (CCD) Component.
--	--	--

Appendix G. Acronyms and Abbreviations

OIT Master Glossary: http://vaww.oed.wss.va.gov/process/Library/master_glossary/masterglossary.htm

Term	Definition
AITC	Austin Information Technology Center
ANR	Automated Notification Reporting
AO	Agent Orange
BA	Business Architecture
BDD	Benefits Delivery at Discharge
BHIE	Bidirectional Health Information Exchange
BIRLS	Beneficiary Identification Records Locator Service
BN	Business Need
BRD	Business Requirements Document
CA	Certification and Accreditation
CAPRI	Compensation and Pension Record Interchange
CCD	Continuity of Care Document
CCOW	Clinical Context Object Workgroup
CDW	Corporate Data Warehouse
CP	Compensation & Pension
CPF	Compensation, Pension and Fiduciary
CPRS	Computerized Patient Record System
CPS	Compensation and Pension Services
CPU	Compensation Pension Unit
CRM	Customer Relationship Management
DBQ	Disability Benefits Questionnaire
DMA	Office of Disability and Medical Assessment
DoD	Department of Defense
DRO	Decision Review Officer
EDES	Emergency Department Encounter Summary
EHR	Electronic Health Record
EPMO	Enterprise Program Management Office
ERM	Enterprise Requirements Management
FHIE	Federal Health Information Exchange
FIPS	Federal Information Processing Standard
FTE	Full Time Equivalent
HAS	Health Administrative Specialist
H-ESM	Health Enterprise Systems Manager

Term	Definition
HFE	Human Factors Engineering
HIM	Health Information Management
HITSP	Health Information Technology Standards Panel
HL7	Health Level Seven
HPS	Health Provider Systems
HTML	Hypertext Markup Language
IAM	Identity and Access Management
IDES	Integrated Disability Evaluation System
IHE	Integrating the Healthcare Enterprise
IT	Information Technology
IWQ	Integrated Work Queue
LGY	Loan Guaranty Service
LOINC	Logical Observation Identifiers, Names, and Codes
NIST	National Institute of Standards and Technology
NSR	New Service Request
NTRT	New Term Rapid Turnaround
NwHIN	Nationwide Health Information Network
OBPI	Office of Business Process Integration
OIT	Office of Information and Technology
OM	Operations and Maintenance
OS	Operating System
OSP	Office of Strategic Planning
OWNR	Owner Requirement
PDAS	Principal Deputy Assistant Secretary
PF	Pension and Fiduciary
PII	Personally Identifiable Information
PIM	Privacy and Identity Management
PM	Project Manager
PMAS	Program Management Accountability System
RAEM	Requirements Analysis and Engineering Management
REE	Registration, Eligibility and Enrollment
RPO	Recovery Point Objective
RTO	Recovery Time Objective
RVSR	Ratings Veterans Service Representative
SDE	Service Delivery and Engineering
SDS	Standard Data Services
SLA	Service Level Agreement
SM	Service Member

Term	Definition
SMART	Structured Module for Analytic and Report Templates
SME	Subject Matter Expert
SNOMED CT	Systematized Nomenclature of Medicine Clinical Terms
STR	Service Treatment Records
STS	Standards and Terminology Services
SVR	Standard Voice Recognition
UAT	User Acceptance Testing
VA	Department of Veterans Affairs
VASRD	VA Schedule for Rating Disabilities
VBA	Veterans Benefits Administration
VBMS	Veterans Benefits Management System
VETS	VA Enterprise Terminology Services
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture
VLER	Virtual Lifetime Electronic Record
VPN	Virtual Private Network
VR&E	Vocational Rehabilitation and Employment
VRM	Veterans Relationship Management
VSR	Veterans Service Representative
VTA	Veterans Tracking Application
XML	Extensible Markup Language

Appendix H. Approval Signatures

The requirements defined in this document are the high level business requirements necessary to meet the strategic goals and operational plans of the VHA DMA, VBA Compensation Pension and Fiduciary Services, and VLER Program Offices. Further elaboration to these requirements will be done in more detailed artifacts.

Business Owner VHA

Signifies that the customer approves the documented requirements, that they adequately represent the customers desired needs, and that the customer agrees with the defined scope.

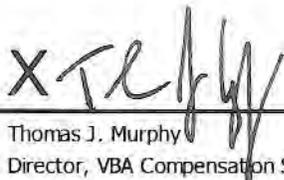
3/23/2012

X Gerald M. Cross MD FAAFP

Gerald Cross
Chief Officer, VHA DMA

Business Owner VBA

Signifies that the customer approves the documented requirements, that they adequately represent the customers desired needs, and that the customer agrees with the defined scope.

X 

Thomas J. Murphy
Director, VBA Compensation Service

Business Owner VBA

Signifies that the customer approves the documented requirements, that they adequately represent the customers desired needs, and that the customer agrees with the defined scope.

X David R. McLenachen

David R. McLenachen
Director, VBA Pension and Fiduciary Service

Business Owner VA

Signifies that the customer approves the documented requirements, that they adequately represent the customers desired needs, and that the customer agrees with the defined scope.

X

Joe Paiva
VLER Executive Director

Business Liaison

Signifies appropriate identification and engagement of necessary stakeholders and the confirmation and commitment to quality assurance and communication of business requirements to meet stakeholder expectations.

3/26/2012

X

Bernadette Pessagno

Bernadette Pessagno
Eligibility and Enrollment (REE), Health Enterpri...

Office of Information and Technology (OIT)

Indicates agreement that the requirements have been received, are clear, understandable, and are documented sufficiently to facilitate project planning when the project is approved and funded. It is understood that negotiations may need to occur with the business during project planning as a result of technical reviews and feasibility.

3/22/2012

X

Gerard J. Lowe

Gerry Lowe
VLER Initiative IT Director
Signed by: Gerard J. Lowe